

FROM :

FAX NO. : 2026754703

Sep. 26 2016 06:56AM P1

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC	FEC IDENTIFICATION NUMBER C00027466
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 7669 STAGERS LOOP		Amount 25000.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SE24-1.0001
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/ Type	Date of Disbursement or Obligation 09 / 22 / 2016
Name of Federal Candidate PARTICK ERIN MURPHY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		3328609.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 7669 STAGERS LOOP		Amount 16849.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SE24-1.0002
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/ Type	Date of Disbursement or Obligation 09 / 21 / 2016
Name of Federal Candidate THEODORE STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		3411810.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ **41849.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jay Banning
Signature

Date 09 / 26 / 2016

FROM :

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER C C00027486	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name of Payee DEL RAY MEDIA		Date of Public Distribution/Dissemination 09 / 24 / 2016	
Mailing Address 1427 LESLIE AVE.		Amount 5000.00	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SE24-1.0003
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/Type	Date of Disbursement or Obligation 09 / 23 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 4867360.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... 5000.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... 46849.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jay Bunning

Signature

Date

09 / 26 / 2016

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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N/A PREPARER	N/A DATE PREPARED

(8/2013)